


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90084 019 ***150.00

DOCUMENT # P98000092878

1. Entity Name
MARIA-LUISA G. PINO, L.M.H.C., P.A.



Principal Place of Business Mailing Address

**1573 W. FAIRBANKS AVE
 SUITE 200
 WINTER PARK FL 32789
 US**

**702 FAIROAKS LN
 MAITLAND FL 32751
 US**

2. Principal Place of Business 3. Mailing Address

**1850 Lee Rd
 Suite, Apt. #, etc.
 # 103**

**204 Quayside Cir. #203
 Suite, Apt. #, etc.**

City & State City & State

Winter Park, FL Maitland, FL

Zip Country Zip Country

32789 US 32751 US



1st MOORE CR2E034 (10/04)

4. FEI Number Applied For

59-3540330 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PINO, MARIA-LUISA G
~~1573 W. FAIRBANKS AVE., SUITE 200
 WINTER PARK FL 32789~~**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
204 Quayside Circle #203

City State Zip Code

Maitland FL 32751

8. The above named entity submits this statement for the purpose of changing its registered office, or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Maria Luisa Pino* DATE **2-15-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	PINO, MARIA LUISA G
STREET ADDRESS	1573 W. FAIRBANKS AVE., SUITE 200
CITY-ST-ZIP	WINTER PARK FL 32789
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REXACH, MARIA-LUISA G
STREET ADDRESS	1850 LEE RD. #103
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maria Luisa Pino* DATE: **2-15-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #